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| --- |
| **INFORMATION ABOUT THE PATIENT**  |
| **Name of the hotel you’ve booked** |  |
| **Name and surname**  |  |
| **Date of birth** |  |
| **Personal identification number (for the Croatian guests)** |  |
| **Passport number (for foreigners)** |  |
| **Address (street, postal code, city, and country)**  |  |
| **Contact number (mobile/telephone)** |  |
| **Personal e-mail address for submission of test results** |  |

**PLEASE USE CAPITAL LETTERS.**

**Place and date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note:

The information provided in this form is confidential and processed in accordance with the General Data Protection Regulation (GDPR).

The data provided to Liburnia Riviera Hotels will be forwarded for processing to the Institute of Public Health, as the entity responsible for conducting the testing.

Your personal data will only be used until the purpose of the personal data processing is fulfilled.

Once the purpose for which they were collected ceases to exist, your personal data will no longer be used.